



**Texas Department of Licensing and Regulation**  
PO Box 12057 • Austin, Texas 78711-2157  
(800) 803-9202 • (512) 463-6599 • FAX (512) 463-5984  
[www.tdlr.texas.gov](http://www.tdlr.texas.gov) • [cs.offendereducation@tdlr.texas.gov](mailto:cs.offendereducation@tdlr.texas.gov)

## **DRUG OFFENDER EDUCATION PROGRAM INSTRUCTOR CERTIFICATION RENEWAL APPLICATION INSTRUCTIONS**

Complete this renewal application prior to your certification expiration date. The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION AND ALL ATTACHMENTS.

1. NAME – Write your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. DATE OF BIRTH – Write your birthdate.
3. SOCIAL SECURITY NUMBER – Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:  
  
www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.
4. DRUG OFFENDER EDUCATION PROGRAM (DOEP) INSTRUCTOR CERTIFICATION NUMBER – Enter your current DOEP instructor certification number.
5. EMAIL ADDRESS – By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
6. PHONE NUMBER – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
8. DRUG OFFENDER PROGRAMS INSTRUCTED – Write the name of the DOEP programs you have instructed, the program number, program headquarters address, and the number of courses taught. (Submit additional pages if needed.)
9. CONTINUING EDUCATION (IN-SERVICE) – Write the date and hours continuing education was completed.
10. CRIMINAL HISTORY – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any Misdemeanor or Felony, other than a minor traffic violation since your last renewal. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/MISC/lic002.pdf](http://www.tdlr.texas.gov/MISC/lic002.pdf).
11. STATEMENT OF APPLICANT - Carefully read the statement before dating and signing your application.

#### CONTINUING EDUCATION REQUIREMENTS FOR RENEWING CERTIFICATION

- You must teach a minimum of **four (4) complete** Drug Offender Education courses and attend at least **one (1)** department-sponsored Drug Offender Education Instructor continuing education seminar during the Instructor's certification period, and each subsequent Instructor certification period.
- If the department sends you notice, you must attend additional department sponsored Drug Offender Education Instructor continuing education seminars or special meeting regarding changes to curriculum or significant updates to curriculum material.
- If you are a licensed chemical dependency counselor, licensed professional counselor, licensed psychologist, licensed psychiatrist, or licensed social worker you may complete 20 hours of continuing education that is directly drug-related, in lieu of attending the department-sponsored continuing education seminar.
- Continuing education hours obtained in a department-sponsored Drug Offender Education Instructor continuing education seminar may be used to fulfill the continuing education requirement of another Offender Education certification, as long as the seminar occurs during the current certification period and as long as the instructor pays for each certification.

**The department employs an audit system for continuing education reporting. You will be responsible for maintaining a record of your continuing education experiences. The certificates, diplomas, or other documentation verifying earning of continuing education hours are not to be forwarded to the department at the time of renewal unless you have been selected for audit.**

#### **DEFAULT ON STUDENT LOANS**

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGS LC)** unless the licensee has entered into a repayment agreement with TGS LC. YOU SHOULD CONTACT TGS LC BEFORE FILING THIS APPLICATION if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGS LC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed ATTN: Collections, PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297, <http://www.tgslc.org> or email: [cust.assist@tgslc.org](mailto:cust.assist@tgslc.org).**



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## DRUG OFFENDER EDUCATION PROGRAM INSTRUCTOR CERTIFICATION RENEWAL APPLICATION

DO NOT WRITE ABOVE THIS LINE

The application form must be accompanied by all required documents before processing.

1. Name:

Last Name

First Name

Middle Name

Suffix

2. Date of Birth:

3. Social Security Number:

4. DOEP Instructor Number:

Month Day Year

See Instruction Sheet for Disclosure Information

5. Email Address:

6. Phone Number:

Ex: [johnndoe@aol.com](mailto:johnndoe@aol.com) See Instruction Sheet for Disclosure Information

Area Code

Number

7. Mailing Address:

(P.O. Box, Number, Street Name or Suite Number)

City

State

Zip Code

8. Drug Offender Education Programs you have Instructed

I instructed for the following Drug Offender Education Program(s) during the two-year certification period prior to my expiration date: (submit additional pages if needed.)

<b>Program Name:</b> _____	<b>Program Number:</b> _____
Headquarters Physical Address: _____ Number, Street Name, Suite#, City, State Zip Code	Number of courses taught: _____
<b>Program Name:</b> _____	<b>Program Number:</b> _____
Headquarters Physical Address: _____ Number, Street Name, Suite#, City, State Zip Code	Number of courses taught: _____
<b>Program Name:</b> _____	<b>Program Number:</b> _____
Headquarters Physical Address: _____ Number, Street Name, Suite#, City, State Zip Code	Number of courses taught: _____
<b>Program Name:</b> _____	<b>Program Number:</b> _____
Headquarters Physical Address: _____ Number, Street Name, Suite#, City, State Zip Code	Number of courses taught: _____

**Total** number of courses taught during your certification period: \_\_\_\_\_

9. Continuing Education (In-Service):

Date CE Completed: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

10. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation since your last renewal?

☐ Yes ☐ No

**If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.**

**See instructions sheet for more information**

11. STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable laws and rules of the Drug Offender Education Program including Transportation Code §§521.374 - 521.376; Occupations Code, Chapter 51; and the administrative rules under 16 Texas Administrative Code, Chapters 60 and 90. I understand that providing false information on this application may result in denial of this application and/or revocation of the certification I am requesting and the imposition of administrative penalties.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date